

## EPV0510

## The varieties of delusional syndrome of possession in schizophrenia

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**Introduction:** Delusional Syndrome of Possession in schizophrenia (DSPS) is insufficiently explored. Although it characterized by significant severity of clinical state and resistance to psychopharmacotherapy, and may be accompanied by high social risks.

**Objectives:** To carry out clinical and psychopathological differentiation of DSPS and to define its personalized diagnostic and prognostic criteria.

**Methods:** 66 patients with DSPS were observed (F20.0, F20.01, F20.02 according to ICD-10) by psychopathological, psychometrical and statistical methods.

**Results:** Persistent delusional conviction of patient in invasion of certain «spiritual being» (demonic or divine) inside of the body and soul is the specific core of DSPS. The psychotic episode with DSPS has similar pattern with paranoid syndrome of Kandinsky–Clérambault. Although, the structure of the syndrome is varying, and characterized by predominance of hallucinatory or delusion symptoms. According to these varieties two different types of DSPS were identified, which were observed in continuous or paroxysmal course of disease. The forms of destructive delusional behavior were also different for both of these types.

**Conclusions:** Delusional Syndrome of Possession in schizophrenia (DSPS) is complex and diverse phenomenon, due to religious content of delusional disorders, which occurs in specific psychopathological structure of psychotic state. This fact may cause controversy both in psychiatric practice and in religious communities. So, the obtained data could be important for social and treatment predicting, as well as for pastoral counseling.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; possession; religious delusions; psychopathology

## EPV0511

## Clinical features of pathological pseudoreligiosity in patients with mental disorders

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**Introduction:** The term pathological pseudoreligiosity (PPR) has been chosen for description of mental disorders with religious content (MDRC), accompanied with distortion of acceptance and assimilation of religious convictions, and with significant changes in patient's religious behavior and way of life.

**Objectives:** To assess the entire spectrum of mental pathology with religious content and relate it to the depth of mental disorder.

**Methods:** 857 patients (300 males, 557 females), with religious worldview and mental disorders were observed with psychopathological and follow-up methods.

**Results:** The pathological pseudoreligiosity was detected in 326 patients – 38%. Follow-up period estimated mean 9,5 years. Next mental disorders with religious content were identified and described. Specific PPR types were correlated with register of the depth of mental disorder (K. Schneider):

Types of PPR	Pts		The register of mental disorders
Toxic faith	6	1,8%	Personality disorders
Anorexia due to overvalued religious convictions	12	3,7%	Neurotic register
Depressive with congruent religious ideas of sinfulness, feeling of being abandoned by God	63	19,3%	Affective register
Depressive states with overvalued doubts of belief choice.	11	3,4%	
Overvalued religious behavior	13	4%	Affective-delusional
Delusion of spiritual hypochondria	7	2,2%	Delusional
Eschatological delusion	21	6,4%	
Anorexia in the form of delusional behavior with religious contents	11	3,4%	Hallucinatory-delusional
Apocalyptic delusion	32	9,8%	
Religious delusion	138	42,3%	
Religious standing, stiffening, mutism	4	1,2%	Catatonic
Fragmentary religious ideas	8	2,5%	Organic

**Conclusions:** Management and treatment of patients suffering from MDRC with pathological pseudoreligiosity requires a particular approach. The consideration must be given to religious content of mental disorders and to clinical specifics of these disorders.

**Disclosure:** No significant relationships.

**Keywords:** psychopathology; religious delusions; pathological pseudoreligiosity

## EPV0512

## On social psychopathology: Example with German justice

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